# FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(C	ol. 2)	(C	ol. 3)			SMALL	ENT		
	CLAIMS				*.						
	REMAINING	HIGH	EST NO.								
	AFTER	AFTER PREVIOUSLY		PRESENT						ADDIT.	
	AMENDMENT	PAII	) FOR	EXTRA		RATE				FEE	
TOTAL	54		54	=	0	х	\$	25.00	=	\$	0.00
INDEP.	5		5	_=	0	х	\$	100.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00								=	\$	0.00	
								TOTAL			
							ΑI	DIT. FEE		\$	0.00

No additional fee for claims is required.

### **FEE PAYMENT**

5. Attached is a check in the sum of \$510.00.

A duplicate of this paper is attached.

## FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 14-0740.

If an additional fee for claims is required, charge Account No. 14-0740.

Date: February 28, 2007

Harriet M. Strimpel, D. Phil. Registration No. 37,008 New England Biolabs, Inc. 240 County Road Ipswich, MA 01938 978-380-7373

Customer No. 28986

## **FEE FOR CLAIMS**

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

	(Col. 1)	(C	ol. 2)	(C	ol. 3)			SMALL	ENTITY		
	CLAIMS										
	REMAINING		EST NO.								
	AFTER	PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE			ADDIT.		
	AMENDMENT								FEE		
TOTAL	54	_	54	=	0	Х	\$	25.00		\$	0.00
INDEP.	5		5	=	0_	х	\$	100.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00								=	\$	0.00	
								TOTAL			
							AI	DIT. FEE		\$	0.00

No additional fee for claims is required.

### **FEE PAYMENT**

Attached is a check in the sum of \$510.00. 5.

A duplicate of this paper is attached.

## FEE DEFICIENCY

If an additional extension and/or fee is required, charge Account No. 14-0740. 6.

If an additional fee for claims is required, charge Account No. 14-0740.

Date: February 28, 2007

Harriet M. Strimpel, D. Phil. Registration No. 37,008 New England Biolabs, Inc.

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